end of the wound; a small drainage-tube was inserted there. The patient was still allowed to drink milk. The nutrient enemata were discontinued. Temperature, morning, 99°; evening, 99°. General condition excellent.

25th.—The wound is now soundly healed, with the exception of a small place at the lower extremity. No milk has passed through it for the past twelve hours, not even when the patient swallows quickly. Drainage-tube removed.

27th.—Wound completely healed. The patient had an epileptic fit at 4 o'clock this morning.

30th.—The patient was up on the 28th, and went home to-day. There is a linear cicatrix in the neck, scarcely noticeable. She can swallow as well as before, and without pain or inconvenience, even when taking solid food.

The patient was seen about a month later, and was in excellent health. She had been supplied with a new and securely fitting plate.

Remarks by Sir WILLIAM MAC CORMAC.—This patient was only sixteen days in hospital, having made a rapid recovery. The point of chief interest is the closure of the œsophageal incision directly after the removal of the plate. The introduction of the sutures was a little troublesome owing to the depth of the wound, and I consider the partial failure was due to imperfect closure of the incision, from an insufficient number having been passed. Had four or five sutures been introduced in place of three, this accident might probably have been avoided. The milk, however, only found its way into the wound on the sixth day, when the chance of extravasation into the cellular tissues of the neck would be past, and it soon ceased to escape. This practice appears preferable to introducing a tube into the stomach from the neck or mouth and allowing the wound to heal by granulation—at all events in cases such as this one, where there were no inflammatory changes in the parts, and the margins of the œsophageal wound were clean cut, and not bruised.

EUROPEAN GENERAL HOSPITAL, ADEN.

A CASE OF MULTIPLE ABSCESS OF THE LIVER; DEATH; NECROPSY; REMARKS.

(Under the care of Surgeon-Major COLSON.)

THE notes of the following case are by Assistant Apothecary Gardiner.

The patient, J. B——, a seaman, was admitted on March 2nd, complaining of severe pains in the right side. He stated that he was quite well before leaving Bombay (about Feb. 22nd), and was taken ill two days after sailing. He was quite emaciated and exhausted, skin and conjunctivæ yellow, tongue rough and dry. The temperature on admission was 102·8°. There was a good deal of bulging over the hepatic region, with pain and tenderness on pressure. On careful examination the liver was found very much enlarged, with a sense of fluctuation below the ribs. An abscess was diagnosed pointing anteriorly about half an inch below the ribs.

March 3rd.—The patient was placed under chloroform, and an exploring-needle introduced, pus being found. A puncture was made with a trocar, and about eight ounces of pus removed through the cannula. The cannula was retained in the abscess as a means of drainage. Antiseptic dressing was then applied. He was ordered milk, mutton broth, and stimulants.—Evening: Temperature 102·8°. Felt much easier. One drachm of solution of hydrochlorate of morphia to be given at bedtime.

4th.—Temperature 99·4°. Bowels moved twice yesterday. Says he feel comfortable and slept fairly last night. Three grains of quinine given twice. To continue stimulants, &c. Evening: Temperature 101°. Cannula removed and drainage-tube substituted. Morphia draught to be repeated.

5th.—Temperature 99·6°. He slept well last night and feels less pain in the side. Bowels moved three times; light-coloured and semi-solid. Respiration before and since operation has been very slow, numbering between 8 and 12 per minute. Five grains of quinine were given twice during the day.—Evening: Temperature 101·4°. The morphia draught repeated.

6th.—Temperature 97·8°. The bowels were not moved during the night. Slept nearly the whole night, and is inclined to be drowsy this morning. Pulse 88; respiration 14. Evening: Temperature 103°; pulse 112; respiration 30. Appears worse. Had three motions during the day, and is very much depressed. Five grains of quinine to be given at once and the morphia draught at bedtime.

7th.—Bowels moved twice last night, the second motion containing blood and pus. Temperature 99·6°; pulse 104; respiration 22. Five grains of quinine given twice.—Evening: Had three motions during the day, each one containing pus. Temperature 103°; pulse 110; respiration 26. Is very low. To continue support by stimulants, &c.

8th.—Temperature 100·4°; pulse 124; respiration 38. Had two motions last night of the same character as the previous ones. Complains of great weakness.—Evening: Had about ten motions during the day, containing large quantities of pus; some passed involuntarily in bed. Temperature 102°; pulse intermittent and thready; respiration short and hurried. Is in a very low state. He gradually got worse, and died from exhaustion at 1 A.M. on the 9th.

Necropsy.—Liver enormously enlarged, extending upwards on the right side to the level of the fourth rib downwards three inches below the ribs. The left lobe occupied the whole of the left side, extending upwards to the fifth rib and downwards to about two inches below the level of the ribs. Heart and lungs displaced upwards. The cavity of the abscess which had been punctured by the trocar was found well contracted, but posteriorly in the right lobe there were two large abscesses not communicating with one another or the first, and filled with pus; one of these opened into the ascending colon. The liver was not adherent to the abdominal parietes, but no pus had escaped between. The liver weighed 6 lb. 12 oz.

Remarks by Surgeon-Major COLSON.—The non-subsidence of the symptoms after the abscess had been freely opened pointed to another collection of pus. I had fully determined, after an interval of a day or two, to explore for this. The appearance of pus in the stools showed it had opened into the bowel, and I had hopes that the unfavourable symptoms would subside. The result of the post-mortem examination showed that any treatment in this case was hopeless. The previous history of the case is very unsatisfactory. The patient was a German, and talked and understood English imperfectly.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Encysted and Infantile Hernia.—Imbecility with Choreoid Movements.—Treatment of Stricture of Urethra by Electrolysis.

AN ordinary meeting of this Society was held on Tuesday last, Mr. G. D. Pollock, F.R.C.S., President, in the chair.

Mr. LOCKWOOD contributed a paper on the Morbid Anatomy and Pathology of Encysted and Infantile Hernia. After commenting upon the practical importance of the subject and briefly referring to its history, the writings of Hey and Cooper and other authorities were quoted. It was shown that the origin of encysted hernia was usually attributed to the stretching of a cicatricial membrane which was supposed to obstruct the upper end of the patent processus vaginalis. This view was rejected because—1. Such a septum had never been seen and its existence was doubtful. 2. The specimens in the museums afforded no indication that cicatricial tissue had entered into their composition. 3. Because the sac of these herniæ was always composed of two layers of peritoneum. 4. Because an examination of the tunica vaginalis showed that it either communicated, in cases of encysted hernia, with the peritoneal cavity, or was simply closed by apposition and adhesion of the walls. Upon these and other grounds it was concluded that the various herniæ called encysted belong, in reality, to the infantile variety. Infantile herniæ were believed to be originated by some event connected with the transition of the testicle, which was described. It was stated that the processus vaginalis preceded the testicle, and that it was drawn along by fibres of the gubernaculum which were inserted into it. The usual account of that muscle was mentioned, but additional bands of it were described attached to the external sphincter of the anus and tuber ischii; and others were mentioned ascending the back of the processus vaginalis, with the spermatic vessels, to the peritoneum. These fibres were identified in the spermatic cord as the "internal cremaster," and after describing the